1395591

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:
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DATE RECEIVED								
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Modius Capital, LLC - Series A	
Filing Under (Check box(es) that apply):	
- Marie Distriction of the second of the sec	RECEIVED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	APR 0 3 2007
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Modius Capital, LLC	105
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
30 S. Wacker Drive, Suite 1912, Chicago, Illinois 60606	(312) 930-1314
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSE
trading in commodity futures and options thereon	N WO CESSEI
,,,,,,,,	
Type of Business Organization	APR 0 6 2007-5
D business tours	please specify):
Curinteo Cir	ability Company
Actual or Estimated Date of Incorporation or Organization: 12 06 Actual Esti	PRIMA
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	۵E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation De	or Section 4/6) 17 (PD 238 501 et sea, or 15 H S C
77(16).	an occurrence (to), in carrie 250,501 cracq, or 15 base
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	1549
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal examples appropriate federal notice will not result in a loss of an available state exemption unterfiling of a federal notice.	

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years, Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Bexecutive Officer Director Managing Partner Full Name (Last name first, if individual) The Modius Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 30 S. Wacker Drive, Suite 1912, Chicago, Illinois 60606 Check Box(cs) that Apply: Promoter Beneficial Owner 🔲 Executive Officer 🔲 Director Managing Partner Full Name (Last name first, if individual) Quattrocki, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 30 S. Wacker Drive, Suite 1912, Chicago, Illinois 60606 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Hafner, Thomas Business of Residence Address (Number and Street, City, State, Zip Code) 30 S. Wacker Drive, Suite 1912, Chicago, Illinois 60606 Check Box(es) that Apply: Promoter Director Beneficial Owner Executive Officer General and/or Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
ı.	Has the	issuer solo	l, or does tl								•	Yes [No ⊠ i
2.	What is	the minim	um investn			Appendix		~				€ 500	00.000,0
*	***************************************	the minim	ann anvesni	iciii iiiai w	in be acce	pica nom i	my murriu		******************	*****************	***************************************	Yes	No
3.			permit joint		_							K	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age caler. If mo	of purchase int of a brok ire than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state ons of such		
	Full Name (Last name first, if individual) no selling agreements have been employed												
_			Address (N	***		ity, State, 7	ip Code)						
						····	·	or named assessed the second	88 % No. 10 Color (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1980) 1 (1	- 			
Nai	nc of As:	sociated Bi	oker or De	aler									
Sta	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check "All States" or check individual States)												
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NIII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND (WA)	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	lity, State, I	Zip Code)						
Nai	mc of As:	sociated Br	oker of De	aler	******					·			
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	* *************************************	, , , , , , , , , , , , , , , , , , ,				······································
	(Check	"All States	or check	individual	States)	*****************		·······				□ VI	I States
	AL II. MT	NE SC	AZ IA NV SD	AR KS NH TN	KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (1	lumber an	d Street. C	ity, State,	Zip Code)		d - Name to the second as the second as			· • · · · · · · · · · · · · · · · · · · ·	
Nai	me of As	sociated Br	oker or De	aler							emplo er edina er e mano en en en en en en		
Sta	tes in Wl	nich Person	Listed Has	Solicited									
	(Check	"All States	s" or check	individual	States)				,,,, ,,,,,, ,,,,,,,,,			□ A1	l States
	AL. IL. MT	AK IN NE SC	AZ [A NV SD	AR KS NH TN	CA KY NJ TX	CO [.A NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	MI MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Afready Sold
	Debt	.	S
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	5	s
	Partnership Interests		
	Other (Specify limited liability company interests		
	Total	500,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Vsåtefate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		
	Non-accredited Investors		. <u>\$</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		
	Rule 504		
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs	_	
	Legal Fees	. –	20,000,00
	Accounting Fees	<u> </u>	_
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	_] \$
	Other Expenses (identify) filing fees		- 1,000,00
	Total		04.000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	7 \$ 9,580.00	\$ 20,000.00
	Purchase of real estate]\$	D\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	 ¬₁s	_
	Repayment of indebtedness		
	Working capital	-	
	Other (specify): capital for trading in commodity futures and options thereon] \$	\$ 449,420.00
	Column Totals	7 \$ 9,580.00	\$ 469,420.00
	Total Payments Listed (column totals added)	 -	_
	D. FEDERAL SIGNATURE		
iigi	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commisting information furnished by the issuer to any non-accredited in testor pursuant to paragraph (b)(2) of I	sion, upon writte	le 505, the following n request of its staff
รรา	ner (Print or Type)	Date	
	odius Capital, LLC	5 3	123/07
	me of Signer (Print or Type) Title of Signer (Pyptor Type)		
1i¢	hael Quattrocki Member of The Modius Group, LLC, Managin	g Member	

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
ì.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No i €
	See Appendix. Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239,500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer bereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entlimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied.		
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	If by the	undersigned
lssuer (Print or Type) Date Date	1	\overline{I}
Modius	Capital, LLC	-3	エ3/リラ

Title (Print or Type)

Member of The Modius Group, LLC, Managing Member

Instruction:

Name (Print or Type)

Michael Qualtrocki

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
l	Intend to sell to non-accredited investors in State (Part B-Item 1)		Intend to sell to non-accredited investors in State Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No .	
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				APPI	ENDIX				
ł	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		ited offering price ate offered in state		5 Disqualificatio under State ULG (if yes, attach explanation of waiver grante (Part E-Item 1				
State		No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No ,
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					ENDIX ·				,
-	hataa	2 d to sell	3 Type of security and aggregate	4					lification ate ULOE , attach
	to non-a investor	nccredited rs in State 3-Item 1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	:								
PR	Transaction in	:						1	!